Please Complete Both Sides of This Application

Date		Social Security number (required)						
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Address						]		
City		State	Zip	code		ر ا		
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Present or Last Employer		Employer's Address	esume / teach		hone Number	_		
Your Title		Months & Years Employed in this Position	Total Months	( ) Avg Hrs	) <u>Hrs</u> Last Salary			
mmediate Supervisor's Name	D f I	From / to /		Per Wk		_		
Specific Duties	Reason for Lea	iving	Volunteer (✔)	Full Time Mos. Equiv.	Employment Verified			
References						_		
1(name)		(address)			(telephone)			
2		(address)			(telephone)			
3	<del></del>	(address)			(telephone)			
Previous legislative sessions work Job(s) held:								
						_		
(m		SLATIVE POSITION APPLIED FOR categories. Indicate order of preference						
( ) Legislative Information Research and answer questions about process; prepare, print and distribute documents; convert phone calls to e sages for Legislators.  ( ) Security (Experience in law forcement, emergency response or re preferred)	Specialist: at the legislative be Legislative electronic mes-	( ) Committee Legislative Asst.: Provides clerical and administrative support to nonpartisan research staff and House committees. Duties include recording committee meetings; maintaining committee records; tracking bills; word processing; and answering phone calls. Necessary skills include proficiency in use of WordPerfect, Microsoft Outlook, and Internet Explorer.	( ) Committee Clerk: Provides support to Committee Legislative Assistant. Duties include copying, organizing, assembling, and maintaining research documents and committee files and assisting staff during committee meetings.  ( ) Restricted Parking Enforcement					
my background including emplo	oyment, driving a Clerk – House of	ission to conduct a full and complete review on and criminal records. Representatives, Legislative Building Washington 98504-0600	Session en	e evenings an	be required to d weekends. No	)		
SIGNATURE - All answers and stare cause for rejection of my appl		and complete to the best of my knowledge. I tion of employment.	understand that u	intruthful or m	nisleading answe	rs		
X			Dat	e:				

Full Name (First, Middle initial, Last)			Social Security # (required)				Position A <sub>l</sub>	pplied for		
EMPLOYMENT HISTOR	RY CONT.									
Present or Last Employer		Employer's Address					Employe	Employer's Phone Number		
Your Title		Months & Years Employed in this Position From / to /				Total Month	S Avg Hrs Per Wk	Las	t Salary	
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Present or Last Employer		Employer's	Address				Employe	Employer's Phone Number		
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mmediate Supervisor's Name	Reason for Leav		to to	,		Volunteer (		e Employment		
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<sup>\*</sup> Current employees or those who have been employed as a Legislative/Administrative Assistant will be evaluated based on their work and salary history. Office of Chief Clerk (Rev. 10/05)